2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N04000009711

Entity Name: CULTURE VULTURES, INC.

Current Principal Place of Business:

1900 N. KENDALL DR
SUITE 100
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

PO BOX 821086
PEMBROKE PINES, FL 302829601

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, RICHARD
1900 N KENDALL DR.
SUITE 100
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROMERO, KATHLEEN
Address: 422 SW 159 DRIVE
City-St-Zip: PEMBROKE ANES, FL 33027

Title: VP ( ) Delete
Name: ROSENBERG, RUTH
Address: 1300 ST CHARLES PLACE APT 114
City-St-Zip: PEMBROKE PINES, FL 33027

Title: PT ( ) Delete
Name: LU QUI, BERNICE
Address: 1041 WILSHIRE CIR WEST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: BURNS, LEDA
Address: 1121 WILSHIRE CIR E.
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: LEWISON-SINGER, RITA
Address: 1477 SW 159 AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: DEBIAGI, ANN
Address: 662 SW 159 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNICE LUQUI P.T 02/26/2009
Electronic Signature of Signing Officer or Director — Date

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CULTURE VULTURES INC AR FILED 2/26/2009

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Here is the name of the officer that was omitted on my submission.

Title : Director
Name : Marni Most
Address: 1649 SW 156 Avenue,
Pembroke Pines,FL 33027

Thanks,
Bernice LuQui